

**COUNTY OF LOS ANGELES
DEPARTMENT OF PARKS AND RECREATION
JUNIOR LIFEGUARD PROGRAM**

PHYSICIAN'S RELEASE FORM

Name of Applicant _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Sex M F Age _____ Height _____ Weight _____

Pulse _____ B/P _____ Temperature _____

TO THE PHYSICIAN: The person you are examining is an applicant for the Los Angeles County Department of Parks and Recreation Junior Lifeguard Program. As such, this person will be participating in physically demanding activities in a lake setting. Activities will include, but not be limited to swimming, running, boating, calisthenics, and exposure to sun and heat.

EXAMINATION RESULTS: The applicant named above is: (Circle One) **ABLE / NOT ABLE** To participate in the Junior Lifeguard Program.

APPLICANT'S CONDITION (Check One): _____ Excellent _____ Good _____ Fair

RESTRICTIONS _____

RECOMMENDATIONS _____

SIGNATURE OF EXAMINING PHYSICIAN

DATE

OFFICE STAMP:
(Must be Stamped)